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About CLOCC



CLOCC is a nationally recognized childhood obesity prevention program housed within the Center for Obesity Management and Prevention (COMP) at the Children's Memorial Research Center of Children's Memorial Hospital.

CLOCC is a data-driven effort that brings together hundreds of organizations and individuals in Chicago, with a common goal of protecting Chicago children from the effects of the obesity epidemic. CLOCC's primary focus is on children aged three to five years, their caretakers, and those who work with their parents and caretakers. CLOCC's work is led by community leaders in the health sector and guided by community-based groups from across the city. The shared work of CLOCC's partners cuts across sectors: medicine, government, corporate, volunteer, academic, advocacy, and others. It involves clinical care, community development, legislation and regulation, community-based programming, cultural affairs, and more.

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CLOCC's Mission

CLOCC's mission is to confront the childhood obesity epidemic by promoting healthy and active lifestyles for children throughout the Chicago metropolitan area. Our work will foster and facilitate connections between childhood obesity prevention researchers, public health advocates and practitioners, and the children, families, and communities of Chicagoland.

CLOCC's Goals

- Improve the science and practice of childhood obesity prevention;
- Build a community of practitioners, scientists, and policy makers working collaboratively to achieve this goal;
- Develop a public education campaign to shift our local culture toward one that supports lifestyle measures that will bring about reduction in childhood obesity in Chicago;
- Cultivate a broad base of government, philanthropic, and industry funding to sustain this work in the long term;
- Identify culturally sensitive childhood obesity reduction approaches that work and are appropriate to disseminate;
- Develop strong human capacity for obesity prevention in Chicago;
- Periodically review and refine CLOCC's working theories, strategies, and plans; and
- Undertake evaluation of the work of CLOCC and its participants.

CLOCC's Philosophy

Key elements of CLOCC's philosophy include the following:

1. ***Obesity is a complex problem, and culturally sensitive childhood obesity prevention programs and policies are likely to be more effective than treatment.*** Over 60% of adults and approximately 30% of children in the United States are overweight or at risk for overweight. Prevalence of obesity in adults has doubled in the last 10 years, and prevalence of overweight in children has tripled since 1970. Chronic diseases such as Diabetes Mellitus II are correlated with overweight and obesity. With the alarming increases in the prevalence of childhood overweight and obesity and their correlated diseases, it is clear that prevention must become a public health priority.
2. ***Childhood obesity must be addressed at multiple levels which must include: those of the individual; the family and peers; the community, and the society.*** Prevention efforts focused on any one of these levels will fail without simultaneous, complementary, and supporting work at other levels. This means, for example, it is not possible to prevent or treat overweight in one child if the child's family does not undertake changes in diet and activity; that it is not possible for one family to sustain such changes if the community does not provide access to healthy foods and activity opportunities; and the communities cannot gain the necessary resources to provide what families need if the broader society promotes only high-fat foods and motorized travel.
3. ***There are biological and social reasons why community- and society-based childhood obesity prevention must be focused on preschool children and their families.*** Because of the timing of the adiposity rebound (a normal stage of development that occurs between the ages of four and six), this is a critical period in childhood for developing or avoiding overweight. Based on current literature, the quality of life in children who are obese is equivalent to that of children who are suffering from cancer and undergoing chemotherapy. As families, communities, and our whole society come together to confront the childhood obesity epidemic, it makes sense to start with factors early in life.
4. ***Childhood obesity prevention needs to be evidence-based.*** The science of obesity prevention is improving rapidly, but there is too much that is unknown. We do not yet know the true rate of childhood obesity in Chicago communities at greatest risk (i.e., those that have populations that are African American, Hispanic, or predominately lower socio-economic status communities). We hope that childhood obesity prevention work will help children grow well and feel good about themselves, but we need to find out if it may also increase the prevalence or severity of body image disorders in adolescents. To answer these and many other questions, obesity prevention programs and policies will require rigorous planning and evaluation.
5. ***Chicago is an ideal community in which to promote and study childhood obesity prevention.*** Available data indicate that Chicago children exceed the national average for obesity prevalence. Tens of thousands are affected by this condition. The city's size and infrastructure, its dynamic and diverse communities, and an active obesity prevention coalition make the work going on in Chicago nationally significant. CLOCC includes over 900 physicians, researchers, educators, advocates, and community leaders.

List of CLOCC Executive Committee Members

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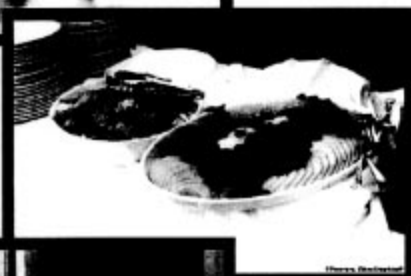
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Choosing Foods and Beverages For Healthy Meetings, Conferences and Events

The strong relationship between diet and health and the increasing rates of overweight and obesity makes supporting healthy food choices at work part of an essential commitment to health. The INShape Indiana initiative and the Indiana State Department of Health promote healthy eating choices and scheduled physical activity breaks at conferences, meetings, and events. The following guidelines are developed to facilitate arrangement of healthy meetings, conferences and events.



❖ Food Guidelines

1. Serve fruits and vegetables whenever possible.
2. Offer a variety of grains, especially whole grain foods.
3. Serve appropriate portions and small serving sizes that reflect the 2005 Dietary Guidelines for Americans.
4. Choose foods that are low in fat (3 grams or less of total fat and 1 gram or less of saturated fat per serving), salt (140 milligrams or less per serving), and sugar (reduced sugar is at least 25% less as compared with a standard serving size of the traditional food.)
5. Include a vegetarian option at all meals.
6. Select items that are broiled, baked, grilled or steamed rather than fried or sautéed.
7. Select lean meat.
8. Select healthy snacks such as low fat yogurt, graham crackers, lightly seasoned popcorn, hot pretzels, and raw vegetables.
9. Lunch and dinner does not have to include a heavy dessert; fresh fruit, a fruit cobbler or small cookies are just fine.

❖ Beverage Guidelines

1. Ice water
2. Nonfat or 1% milk
3. 100% juice (4-6 ounce portion)
4. Unsweetened ice tea
5. Coffee, tea (offer decaf) – served with nonfat or 1% milk
6. Avoid soft drinks (including diet).

❖ Physical Activity Guidelines

1. Choose a location that is safe and easy for participants to walk back and forth.
2. Schedule several breaks that allow participants to stand up and walk in place, or have someone lead a stretching break.
3. If it's an overnight meeting, choose a hotel that has fitness facilities.
4. Encourage participants to take stairs.
5. If possible, purposely arrange walking toward meeting and eating areas.